

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012779		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/22/2012	
NAME OF PROVIDER OR SUPPLIER FORTE HOME HEALTHCARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 808 A SOUTH HUNTINGTON STREET SYRACUSE, IN 46567			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a re-visit for the home health initial Medicaid Certification survey on 4/13/2012.</p> <p>Survey dates: 5/22/12</p> <p>Facility #: 012779</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Forte Home Healthcare Inc. is precluded from providing it's own home home health aide training and competency evaluation program for a period of two years beginning 4/13/12 through 4/13/14 for being found out of compliance with the Condition of Participation 42 CFR 484.36: Home Health Aide Services.</p> <p>During this survey, one Condition of Participation and 10 standard level deficiencies were found corrected.</p> <p>Forte Home Healthcare Inc. is in compliance with the Conditions of Participation 42 CFR Part 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 24, 2012</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.